

Introduced by Senator Lowenthal

February 25, 2009

An act to add Sections 1367.27, 1367.28, and 1367.29 to the Health and Safety Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 296, as introduced, Lowenthal. Mental health services.

Existing law provides for licensing and regulation of health care service plans by the Department of Managed Health Care. A willful violation of provisions governing health care service plans is a crime. Existing law imposes certain requirements on health care service plans and specialized health care service plans that provide coverage for professional mental health services.

This bill would require every health care service plan, including a specialized health care service plan, that offers professional mental health services to direct those services to be provided in a manner that ensures coordination of benefits between all mental health care providers and general physical health care providers. The bill would require these plans to establish an Internet Web site conforming to minimum standards and guidelines established by the department by an unspecified date, and to issue a benefits card to enrollees with specified information.

By imposing new requirements on certain health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1367.27 is added to the Health and Safety
2 Code, to read:
- 3 1367.27. (a) The Legislature finds and declares that
4 coordination of care between mental health care providers and
5 general physical health care providers is necessary to optimize the
6 overall health of a patient.
- 7 (b) Every health care service plan that offers professional mental
8 health services, including a specialized health care service plan
9 that offers those services, shall direct those services to be provided
10 in a manner that ensures coordination of benefits between mental
11 health care providers and general physical health care providers.
- 12 SEC. 2. Section 1367.28 is added to the Health and Safety
13 Code, to read:
- 14 1367.28. (a) On or before January 1, ____, every health care
15 service plan that offers professional mental health services,
16 including a specialized health care service plan that offers those
17 services, shall establish a plan Internet Web site. The purpose of
18 the plan Internet Web site shall be to provide consumer, patient,
19 and provider access to plan procedures, policies, and network
20 provider information.
- 21 (b) Each Internet Web site shall, at a minimum, include the
22 plan's policies and procedures identified in Sections 1363, 1363.5,
23 1367.01, 1367.23, 1367.26, 1368.015, 1371, 1371.8, 1373.95,
24 1374.30, and 1380.
- 25 (c) The material described in subdivision (b) shall be updated
26 at least every month.
- 27 (d) On or before January 1, ____, the department shall establish
28 minimum standards and guidelines for plan Internet Web sites,
29 after consultation with stakeholder groups, including, but not
30 limited to, individual, group, and institutional providers and
31 consumer protection groups. The minimum standards shall be
32 implemented by plans on or before January 1, ____.
- 33 (e) The department shall include on the department's Internet
34 Web site a link to each plan Internet Web site.

1 SEC. 3. Section 1367.29 is added to the Health and Safety
2 Code, to read:

3 1367.29. (a) Every health care service plan that offers
4 professional mental health services, including a specialized health
5 care service plan that offers those services, shall issue a benefits
6 card to each enrollee for assistance with mental health benefits
7 coverage information, in-network provider access information,
8 and claims processing purposes. The benefits card, at a minimum,
9 shall include all of the following information:

10 (1) The name of the benefit administrator or health care service
11 plan issuing the card, which shall be displayed on the front side
12 of the card.

13 (2) The enrollee's identification number, or the subscriber's
14 identification number when the enrollee is a dependent who
15 accesses services using the subscriber's identification number. The
16 number shall be displayed on the front side of the card.

17 (3) A telephone number that enrollees may call 24 hours a day,
18 seven days a week, for assistance regarding health benefits
19 coverage information, in-network provider access information,
20 and claims processing.

21 (4) A brief statement indicating that enrollees may call the
22 telephone number for assistance regarding mental health services
23 and coverage.

24 (5) Preauthorization restrictions or requirements.

25 (6) Information required by the benefits administrator or health
26 care service plan that is necessary to commence processing a claim,
27 except as otherwise provided in subdivision (b).

28 (b) A health care service plan shall not print any of the following
29 information on the benefits card:

30 (1) Any information that may result in fraudulent use of the
31 card.

32 (2) Any information that is otherwise prohibited from being
33 included on the card.

34 (c) On and after July 1, ____, the benefits card required by this
35 section shall be issued by a health care service plan or a specialized
36 health care service plan to an enrollee upon enrollment or upon
37 any change in the enrollee's coverage that impacts the data content
38 or format of the card.

39 (d) Nothing in this section requires a health care service plan
40 to issue a separate benefits card for mental health coverage if the

1 plan issues a card for health care coverage in general and the card
 2 provides the information required by this section.
 3 (e) If a specialized health care service plan delegates
 4 responsibility for issuing the benefits card to a contractor or agent,
 5 then the contract between the plan and its contractor or agent shall
 6 require compliance with this section.
 7 SEC. 4. No reimbursement is required by this act pursuant to
 8 Section 6 of Article XIII B of the California Constitution because
 9 the only costs that may be incurred by a local agency or school
 10 district will be incurred because this act creates a new crime or
 11 infraction, eliminates a crime or infraction, or changes the penalty
 12 for a crime or infraction, within the meaning of Section 17556 of
 13 the Government Code, or changes the definition of a crime within
 14 the meaning of Section 6 of Article XIII B of the California
 15 Constitution.